



Statement of Committee Organization

1. Statement Information

Date: 5/25/16
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Name of Committee: The JeffCo Dems
Committee Mailing Address, City, State, & Zip: PO Box 20, Hillsboro MO 63050
Telephone Number: (814) 239-9114

Wes Wagner Jefferson Co.
County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Allison Sweeney
Treasurer's Mailing Address, City, State, & Zip: 1305 Mulvan Dr, Festus MO 63028
Treasurer's Home Telephone Number: (314) 239-9114
Treasurer's Work Telephone Number: (636) 797-5200

Deputy Treasurer's Name (if one appointed): Lisa French
Deputy Treasurer's Mailing Address, City, State, & Zip: PO Box 20, Hillsboro MO 63050
Deputy Treasurer's Email Address (optional): _____
Dep. Treasurer's Home Telephone Number: (636) 797-5200
Dep. Treasurer's Work Telephone Number: ()

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): Dan's Almond President
Additional Committee Officer's Mailing Address, City, State, & Zip: 1305 Mulvan Dr, Festus MO 63028
Connected Organization's Name (if any): _____
Connected Organization's Mailing Address, City, State, & Zip: _____

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: _____ Telephone Number (Candidate Committees Only): _____
Election Date: _____ Office Sought & Political Subdivision: _____ Political Party: _____ Support or Oppose: _____

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: _____ Election Date & Political Subdivision: _____ Support or Oppose: _____

8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer: Allison Sweeney Candidate (Candidate Committees Only): _____

MISSOURI ETHICS COMMISSION

MAY 25 2016

HAND DELIVERED